

Fill in this information to identify the case:

Debtor name DESOTO OWNERS LLC

United States Bankruptcy Court for the: EASTERN District of NY
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Meyer Lebovits	1156 58th Street Brooklyn NY 11219 Street City State ZIP Code	Romspen	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 ML Estate Holdings LLC	1156 58th Street Brooklyn NY 11219 Street City State ZIP Code	Romspen	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 UK Palm LLC	10 Palm Court Queen Elizabeth Walk London, N165XA England Street City State ZIP Code	Romspen	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Desoto holding LLC	1156 58th Street Brooklyn NY 11219 Street City State ZIP Code	Romspen	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor _____ Case number (if known) _____
 Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2._____ _____ _____ _____ City State ZIP Code	_____ Street _____ _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____ _____ _____ City State ZIP Code	_____ Street _____ _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____ _____ _____ City State ZIP Code	_____ Street _____ _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____ _____ _____ City State ZIP Code	_____ Street _____ _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____ _____ _____ City State ZIP Code	_____ Street _____ _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____ _____ _____ City State ZIP Code	_____ Street _____ _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____ _____ _____ City State ZIP Code	_____ Street _____ _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____ _____ _____ City State ZIP Code	_____ Street _____ _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G